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November 28, 2007

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Art Unit: 1763
Organization: United States Patent and Trademark Office
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Fax: (512) 306-1963
Date: July 30, 2007
Subject: Notice of Appeal
Docket No.: F125
Pages: 32 pages (including this coversheet)APPLICATION No.: 10/758,966 ART UNIT: 1763
FILING DATE: January 16, 2004 EXAMINER: Allan W. Olsen
INVENTOR(S): Diane K. Stewart et al.
TITLE: Electron Beam Processing for Mask Repair

In connection with the above-identified patent application, applicants submit the following:

1. Fee Transmittal (in duplicate) (1 p);
2. Appeal Brief (26 pp.)
3. Petition for Extension of Time (in duplicate) (1 p); and
4. PTO-2038 Credit Card Form (1 p)

David Griner
Patent Reg. No.: 47,614

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 460.00

Complete if Known

Application Number	10/758,966
Filing Date	01/16/2004 RECEIVED
First Named Inventor	Diane K. Stewart CENTRAL FAX CENTER
Examiner Name	Allan W. Olsen
Art Unit	1763 NOV 28 2007
Attorney Docket No.	F125

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____	
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____	
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--------------------------------------------------	----------	---------------

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

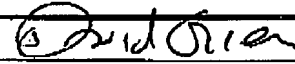
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time- 2 months

Fees Paid (\$)

460.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 47,614	Telephone 512-637-0800
Name (Print/Type)	David Griner		Date November 28, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0851-0032

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- 20 or HP =	x	=		Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)
- 3 or HP =	x	=		

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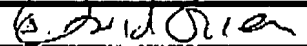
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